

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

District of Massachusetts

Michael E. Eller

Plaintiff / Petitioner

V.

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

Luis Spencer, Superintendent
Defendant / Respondent

CASE NUMBER:

05 - 10740 DPW

I, Michael E. Eller, pro-se declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration MassachusettsAre you employed at the institution? no Do you receive any payment from the institution? no

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

MASSACHUSETTS
DEPARTMENT OF CORRECTION
Inmate Transaction History
Summary Report

MCI NORFOLK

Inmate Name.....	ELLER	MICHAEL	
Commitment number....	W81508		
Period encompassed....	10/1/2004 THRU	4/1/2005	
	Personal	Savings	Total
Six Month Average Daily Balance	18.44	97.04	115.48
20% of Six Month Average Daily Balance	23.10		
Total Expenditures for Period			500.35
Total Income for Period			502.59

To the best of my knowledge, the above summary information is true and accurate:

Signed Marsha Collins
MARSHA COLLINS, Treasurer

Time: 1:55 PM

Date: 4/4/05

Note: A copy of the inmate's account activity statement for the six month period ("Inmate Transaction History") is attached.